

# Pain Management and Opioid Use in Older Adults



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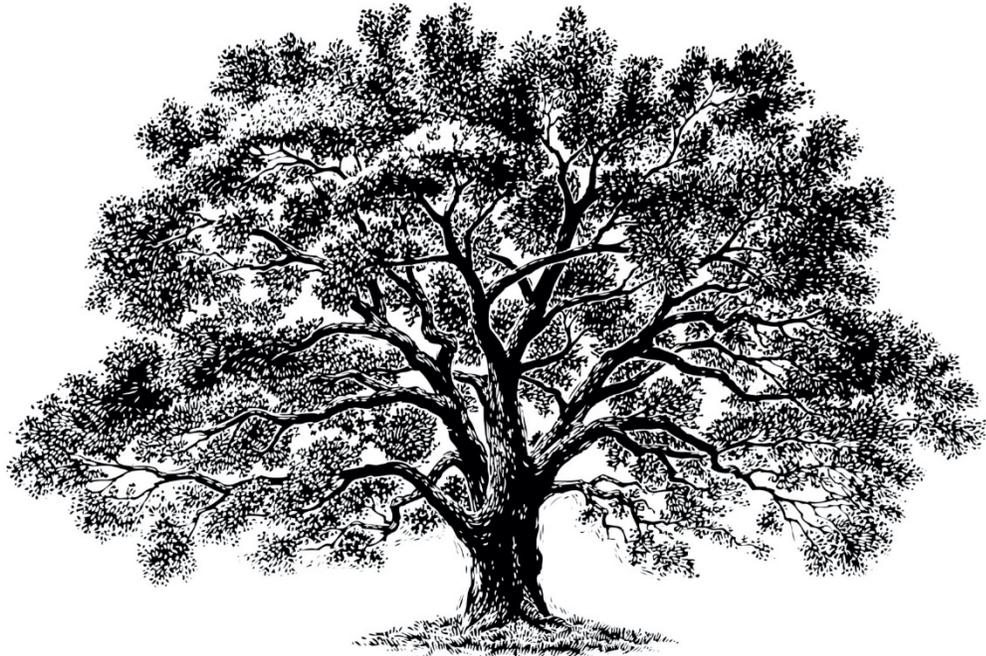
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# Southeast Texas GWEP & Claiming Credits of Education

- Pain Management and Opioid Use in Older Adults. This course is part of a 2-part series that considers both the clinical and social aspects of care in fulfillment of licensure requirements related to opioid prescribing.
- This content is brought to you by the Southeast Texas Geriatrics Workforce Enhancement Program, which is a collaborative program between Baylor College of Medicine and Michael E DeBakey Veteran Administration Medical Center, in partnership with other academic and community service organizations.
- This project is one of a network of 48 nationwide GWEPs supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Our aim is to improve health outcomes for older adults by developing a healthcare workforce that maximizes patient and family engagement, by integrating geriatrics and primary care along with the 4Ms framework to create Age Friendly Healthcare Systems.
- This training consists of two 1- hour sessions
- Baylor College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians.
- This activity is approved for AMA PRA Category 1 Credits™.
- Baylor College of Medicine, Division of Continuing Professional Development (License Number 7270) is an approved continuing education provider for Social Workers through the Texas State Board of Social Worker Examiners. This activity has been approved for 2.00 continuing education units.



Southeast Texas Geriatrics Workforce Enhancement Program

SETxGWEP

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# Putting It All Together : Approach to Pain Management in the Older Adult

# Patient Case (October 2020)

- Pearl Jones is a 65 year old patient who presents to the primary care clinic for pain control of her knees and hands
- HPI: PJ reports a pain scale 8 out of 10; has used creams and patches to help with the pain in addition to APAP and ibuprofen; has missed several tennis matches with her friends in the last couple of months due to pain
- Past medical history: Osteoarthritis, Type 2 diabetes, HTN
- Family history: Father died at age 59 from alcohol related liver disease
- Social history: Athlete – runner and tennis player; drinks EtOH occasionally; non-smoker
- Medications:
  - Lisinopril 10 mg po daily
  - Metformin 500 mg po twice daily
  - Tylenol 500 mg po four times daily
  - Ibuprofen 200 mg po four times daily

# Patient Case

- ROS: Pain and stiffness in the right knee and both hands. Negative for headache, neck stiffness, joint swelling, or erythema. No SOB or palpitations. Has regular bowel movements twice daily.
- PE: all WNL with the exception of *extremities* – *Right knee positive for crepitus*; no swelling or edema with good pedal pulses
- X-rays:
  - Right knee – moderate degenerative changes. No effusion present.
  - Left hand – moderate degenerative changes. No effusion present.
  - Right hand - moderate degenerative changes. No effusion present.

# Patient Case:

- PJ is desperately looking to you prescribe something to help her with her pain. How do you approach this?
- Further interview reveals:
  - PJ was treated for depression about 10 years ago after her husband was killed in a tragic accident
  - PJ fills prescriptions at Walgreens pharmacy and has good understanding of her medications; verbalizes a good understanding of her current medical decision and is consistent with what is in patient chart from previous visits

# PDMP Profile Query for PJ

## Risk Indicators

### NARXCARE SCORES

Narcotic	Sedative	Stimulant
<b>050</b>	<b>020</b>	<b>000</b>

### OVERDOSE RISK SCORE

**110**  
(Range 000-999)

STATE CLINICAL ALERTS (0)

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

# PDMP Profile Query for PJ

## Summary

Summary		Narcotics * (excluding buprenorphine)		Sedatives		Buprenorphine	
Total Prescriptions:	1	Current Qty:	0	Current Qty:	0	Current Qty:	0
Total Prescribers:	1	Current MME/day:	0.00	Current mg/day:	0.00	Current mg/day:	0.00
Total Pharmacies:	1	30 Day Avg MME/day:	0.00	30 Day Avg mg/day:	0.00	30 Day Avg mg/day:	0.00

## Prescriptions

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose *	Pymt Type	PMP
07/17/2019	1	07/17/2019	Hydrocodone-Acetamin 5-325 Mg	60.00	15	Dr. B	1510133	Bri (6789)	0	20.00 MME	Private Pay	TX

## Prescribers

Name	Address	City	State	Zipcode	Phone
Dr. B	12345 Fannin St Ste 1012	Houston	TX	77030-2785	(555) 555-5555

## Pharmacies

Name	Address	City	State	Zipcode	Phone
Briargrove Pharmacy (6789)	6435 San Felipe St	Houston	TX	77057-2705	(713) 783-5704

# Applying the ORT

Mark each box that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
<b>Personal history of substance abuse</b>		
Alcohol	3	3
Illegal drugs	4	4
Rx Drugs	5	5
<b>Age between 16-45 years</b>	1	1
<b>History of preadolescent sexual abuse</b>	3	0
<b>Psychological disease</b>		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
<b>Scoring total</b>	<b>2</b>	

**Do you feel  
comfortable  
prescribing PJ  
anything at this time?**

# Prescriber Recommendations (October 2020)

- Recommend discontinuing ibuprofen scheduled dosing.
- Continue APAP 500mg PO q6hr for pain, tramadol 25mg PO q8h PRN pain (30 day supply).
- Refer patient to physical therapy.
- Follow-up appointment is scheduled for 4 weeks from today.

# 4-Week Follow-Up (November 2020)

- PJ does not make her next appointment which is scheduled for the week after Thanksgiving, due to illness.
- Your office calls to reschedule her follow-up appointment and PJ is unavailable to come to the office until January as she has family visiting in town.

# Interim Follow-Up (One Week Later)

- PJ contacts PCP and is still complaining of pain and extreme nausea.
- She asks if she can have an alternative medication to help manage her pain.
- You reluctantly prescribe her a 21-day supply of hydrocodone 2.5mg/APAP 325mg (1 tab) PO q 6 hr PRN pain with instructions to not exceed a total of 3gm of APAP daily.

# January 2021 Follow-Up Visit

CC: PJ presents to your primary care clinic for follow-up on pain control of her knees and hands. PJ's daughter is with her. After noticing some changes in her mom, she decided to stay with her for a while after the holidays.

In conversation, the provider finds out that PJ had the flu just before Thanksgiving which is why her daughter came to visit so that she could help. PJ's daughter was unaware that her mom had seen anyone for pain and was due for a visit. She noticed that while helping her mom prepare for Thanksgiving that her mom's memory seemed to be lacking in some ways. She used to be able to cook all recipes from memory and even with using the written recipes, had a hard time following them. She also left the stove on while cooking on one occasion which was a bit concerning. PJ told her daughter these behaviors were due to her being overly tired and still trying to recover from the flu.

PJ's daughter notices that her mom is not as active as she used to be. She believes she is in pain and just wants to get her mom some medications that take away her pain.

# January 2021 Follow-Up Cont.

- HPI: Pain scale ranges from 6-10 but patient states she does get some relief from hydrocodone but that she has run out of medication. She continues to use APAP 500mg PO q6hrs and if the pain gets bad, she will have a glass of wine to “take the edge off.” PJ admits to using 2 tabs of Tylenol PM at night frequently when her pain is so severe she just can’t sleep. PJ is saddened because she still has not been able to regularly join her friends for their weekly tennis matches.
- Past medical history: Osteoarthritis, Type 2 diabetes, HTN
- Family history: Father died at age 59 from alcohol related liver disease
- Social history: Athlete – runner and tennis player; drinks EtOH occasionally; non-smoker

# January 2021 Follow-Up Cont.

- Medications:
  - Lisinopril 10 mg po daily
  - Metformin 500 mg po twicedaily
  - Tylenol 500 mg po four times daily
  - Hydrocodone 2.5mg/APAP 325mg PO q6h PRN pain (last prescribed by you in October 2020)
- ROS: Similar to previous visit - Reveals noticeable pain and stiffness in the right knee and both hands. Negative for headache, neck stiffness, joint swelling, or erythema. No SOB or palpitations. Admits she has some constipation when she takes the tramadol.
- PE: all WNL with the exception of *extremities* – *Right knee positive for crepitus*; no swelling or edema with good pedal pulses

# Review of the PDMP

## Risk Indicators

### NARXCARE SCORES

Narcotic	Sedative	Stimulant
220	110	000

### OVERDOSE RISK SCORE

**240**  
(Range 000-999)

STATE CLINICAL ALERTS (0)

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

# Review of the PDMP

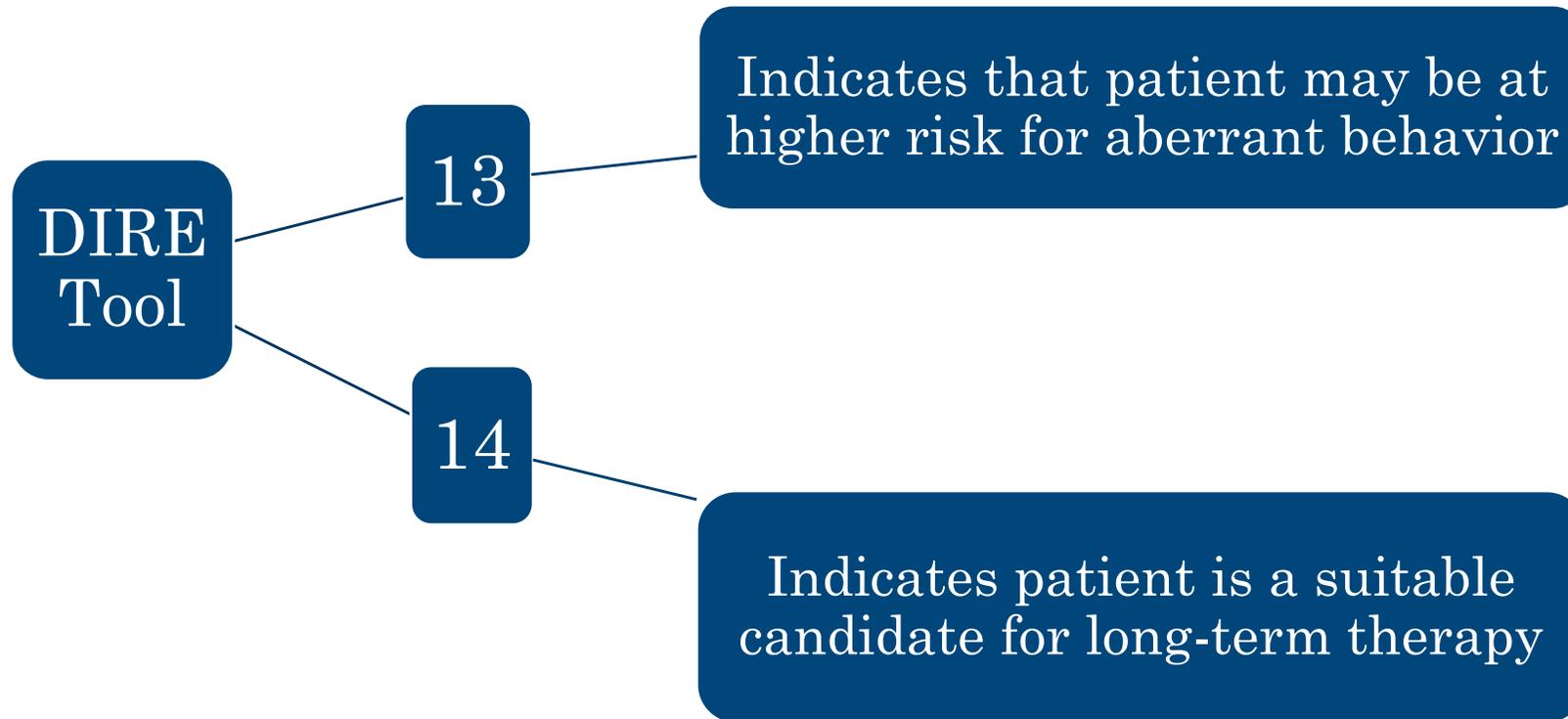
## Summary

Summary		Narcotics * (excluding buprenorphine)		Sedatives		Buprenorphine	
Total Prescriptions:	4	Current Qty:	0	Current Qty:	0	Current Qty:	0
Total Prescribers:	4	Current MME/day:	0.00	Current mg/day:	0.00	Current mg/day:	0.00
Total Pharmacies:	1	30 Day Avg MME/day:	7.17	30 Day Avg mg/day:	0.00	30 Day Avg mg/day:	0.00

## Prescriptions

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose *	Pynt Type	PMP
11/05/2020	1	11/05/2020	Hydrocodone/APAP 5/325 Mg	28.00	7	Dr. D	4141110	Ran (8662)	0	20.00 MME	Medicare	TX
10/21/2020	1	10/20/2020	Hydrocodone/APAP 5/325 Mg	15.00	3	Dr. B	4140984	Wal (2367)	0	25.00 MME	Medicare	TX
10/13/2020	1	10/13/2020	Hydrocodone/APAP 5/325 Mg	20.00	5	Dr. C	4140888	Eck (9876)	0	20.00 MME	Medicare	TX
06/11/2019	1	06/11/2019	Hydrocodone/APAP 2.5/325Mg	120.00	30	Dr. A	4136684	Tangle(8789)	0	16.67 MME	Medicare	TX

# Using Screening Tools



# Other Considerations

## Subjective evidence:

- PJ's daughter reporting odd behaviors → memory issues
- Utilization of alcohol and OTC meds in combo with prescription meds

## Objective evidence:

- Missed appointment
- New activity and prescription on PDMP profile
- Scores on PDMP indicate an increase in use and risk

# February 2021 Visit

- CC: PJ returns for 1 month follow-up with her daughter after last visit with the intent of having cognitive testing done.
- HPI: PJ's daughter is now overseeing PJ's medication management and notes an improvement in PJ's confusion after ensuring she no longer takes Tylenol PM and/or alcohol while taking the hydrocodone 2.5mg as prescribed. Daughter does admit that her mom seems very isolated.
- If daughter cannot be in the same city frequently, could establish agreement with a family member or friend to check on PJ's needs
- ROS: Similar to previous visits - Reveals noticeable pain and stiffness in the right knee and both hands. Negative for headache, neck stiffness, joint swelling, or erythema. No SOB or palpitations.

# February 2021 Visit

- Physical exam WNL except for:
  - Neuro - MOCA score = 24 / 30 (mild cognitive impairment range 18-25)
  - Extremities – Right knee positive for crepitus; no swelling or edema with good pedal pulses
- Assessment/Plan:
  - Need for chronic pain management
  - Pain management contract
  - Renew prescriptions from January visit
  - Plan to have daughter assist with medication management
  - Patient should start physical therapy
  - Refer for services to help with alcohol use, coping with depression, and social engagement
  - Follow-up in 3 weeks to renew opiod Rx and assess for depression

# Pain Management Contract

**CONSENT TO TREATMENT AND/OR DRUG THERAPY:** I voluntarily request my physician (name at bottom of agreement) to treat my condition which has been explained to me as chronic pain. I hereby authorize and give my voluntary consent for my physician to administer or write prescription(s) for dangerous and/or controlled drugs (medications) as an element in the treatment of my chronic pain.

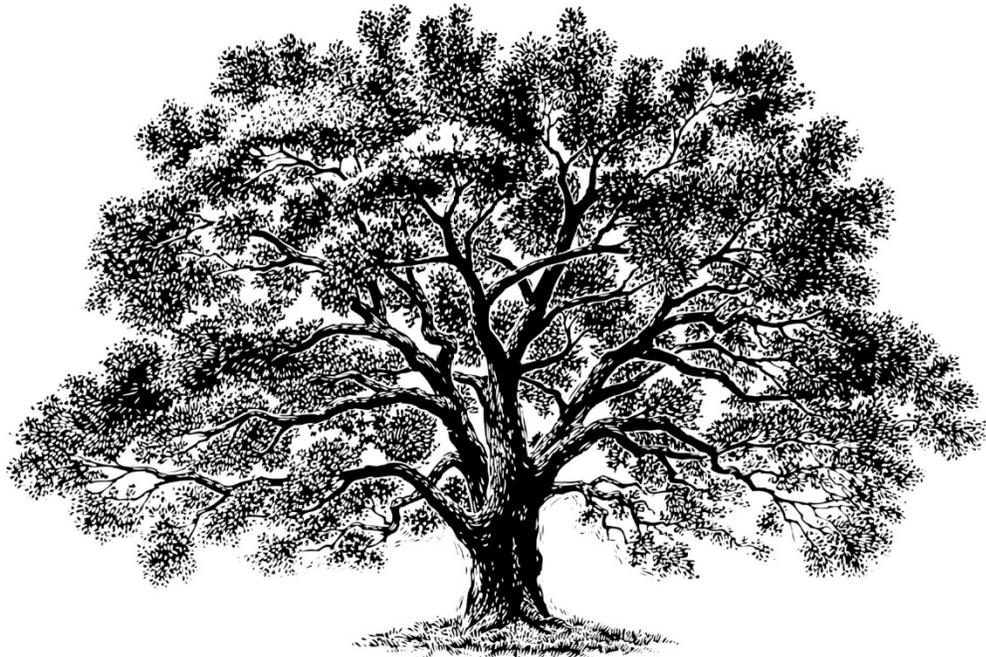
**I UNDERSTAND AND AGREE TO THE FOLLOWING:**

That this pain management agreement relates to my use of any and all medication(s) (i.e., opioids, also called 'narcotics, painkillers', and other prescription medications, etc.) for chronic pain prescribed by my physician. I understand that there are federal and state laws, regulations and policies regarding the use and prescribing of controlled substance(s). **Therefore, medication(s) will only be provided so long as I follow the rules specified in this Agreement.**

**My physician may at any time choose to discontinue the medication(s). Failure to comply with any of the following guidelines and/or conditions may cause discontinuation of medication(s) and/or my discharge from care and treatment. Discharge may be immediate for any criminal behavior. (Please initial each line)**

# Pain Management Contract

- Must include:
  - Designated primary prescriber information for pain medication regimen
  - Detailed pain management plan with medication regimens
  - Designated pharmacy that will fill and dispense medications



Southeast Texas Geriatrics Workforce Enhancement Program

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# Southeast Texas Geriatrics Workforce Enhancement Program

INTEGRATED GERIATRICS EDUCATION  
TO SERVE AN AGING AMERICA

*“This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3.74m over 5 years with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”*

# Looking Beyond Prescribing

- We learned that it is essential to consider clinical aspects of care to address medication administration and pain management
- What about the social needs of patients and their impact on medication use and pain management?
- There are resources and services available to help address non-medical aspects of medication and pain management by looking through a social determinants of health lens

# Partnership- Harris County Area Agency on Aging and The Welllderly Program



- Harris County Area Agency on Aging and The Council on Recovery's Welllderly Program have a long-standing partnership
- Together we address the needs of the Social Determinants of Health (SDOH) for our target population
- We work hand and hand to provide training opportunities for older adults, their caregivers, and family members
- The latest partnership initiative for the two agencies is working closely together to prevent and address opioid misuse among older adults

# Importance of Social Determinants of Health

- **Social Determinants of Health (SDOH)—What are they?**
  - The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>1</sup>
- Impacts of SDOH on patient health outcomes
  - Clinical care: 10 percent
  - Genetics: 30 percent
  - SDOH: 60 percent <sup>2</sup>
  - Some researchers have found that SDOH account for 80-90 percent of modifiable health-related behaviors <sup>3</sup>

# Importance of Social Determinants of Health

- **Five domains of SDOH** <sup>4</sup>
  - Economic Stability
  - Education Access and Quality
  - Health Care Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context
- **Why address SDOH?**
  - Enables a more holistic and comprehensive provision of healthcare for patients and families

# Importance of Social Determinants of Health

- Coupling the clinical and SDOH approach aligns with Healthy People 2030 objectives
  - Educational and Community-Based Programs (ECBP)—ECBP-D07<sup>5</sup>
  - *Older Adult (OA)*—OA-02<sup>6</sup>
- Education about and access to resources and services that address SDOH are essential to overall health
- Not addressing SDOH may exacerbate PJ's pain
- Focusing on SDOH aids in stabilizing PJ's needs and manage her appropriately

# Harris County Area Agency on Aging



- The **Harris County Area Agency on Aging (HCAAA)** is part of a nationwide network of agencies coordinating supportive services for adults 60 years or older, as well as their caregivers
- **The Mission:** To promote well-being and quality of life with dignity for older adults in the community
- Services are provided directly by HCAAA, as well as a comprehensive network of community-based organizations throughout Harris County
- The agency is the largest of the 28 Area Agencies on Aging in the state of Texas

# Harris County Area Agency on Aging

- **Services include**

<b>Information, Referral and Assistance</b>	<b>Benefits Counseling</b>	<b>Legal Assistance</b>
Residential Repair	Transportation	Personal Assistance
Emergency Response	Visiting Services	Health Maintenance: Dental, vision, hearing and prescription assistance
Caregiver Services and Supports, including respite care	Evidence-Based Classes such as diabetes self-management	Long-Term Care Ombudsman
Nutrition Programs	Public Awareness and Advocacy	Veteran Services & Disability Supports

# Harris County Area Agency on Aging and PJ

- Things to discuss with PJ and her caregiver:
  - What are the long-term plans for medication management since PJ's daughter does not live in the same city?
  - Since the caregiver does not live in the same city, is there someone who can periodically monitor or assist PJ when needed?
  - Caregiver support is critical in PJ's situation

# Accessing Area Agencies on Aging

- Harris County Area Agency on Aging
  - 832-393-4301
  - <https://www.houstontx.gov/health/Aging/>
- Statewide network of 28 Area Agencies on Aging in Texas
  - 855-937-2372
  - <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/area-agencies-aging-aaa>

# The Council on Recovery

Since our founding in 1946, *The Council on Recovery* has been at the forefront of helping individuals and families whose lives have been impacted by alcoholism, drug addiction, and co-occurring mental health disorders. As these diseases continue to affect society, our relentless efforts with prevention, education, treatment, and recovery are helping heal our community one person at a time.

When it comes to seeking help, we know it's difficult to make decisions about treatment for a family member or yourself. The process can be confusing and daunting, not to mention expensive. At a time when life may already feel overwhelming. The Council eases those decisions by providing you with thoughtful and straightforward solutions.

The Council on Recovery is the only organization of its kind providing services to every age and stage in life and offers help to everyone that needs it regardless of their ability to pay.



# Outreach, Screening, Assessment, Referral (OSAR)

- Outreach, screening, assessment and referral (OSAR) is a service available to all individuals interested in information about substance use services. OSAR can be the starting point for individuals who want help accessing substance use services but are unsure where to begin.
- OSAR Services are incorporated into Local Mental Health Authorities (LMHA)/Local Behavioral Health Authorities (LBHA) across the 11 Texas Health and Human Services Regions. The only requirement for service is that an individual is currently residing in the state of Texas.
- OSAR services for Region 6 (13 counties) are housed at The Council on Recovery and at The Harris Center for IDD and Mental Health (LMHA)
- OSAR services can be found in each Region of the state

<https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral>

# The Wellderly Program

The Council on Recovery's Wellderly Program provides information and resources to help older adults, age 60 and older, their family members, caregivers and service providers to identify and address alcohol and substance use and/or misuse.

# PJ Entering The Welllderly Program

Referral

Consents/Ag  
reement to  
Participate

Rapport  
Building-  
Engagement

Assess  
SDOH

In an effort to assess PJ's situation in a comprehensive/holistic way- personal questions about health, medication use, alcohol consumption, socialization, education level, activities, housing, access to basic needs, etc. are asked

# PJ Entering and The Welllderly Program

Service Plan  
–Goal  
Setting

Medication  
Management  
Review –  
HCAAA  
partnership

Alcohol  
Screening  
(MAST-G)

Brief  
Intervention/  
Supportive  
Counseling-  
MI

10 Sessions of Brief Intervention sessions in alignment with what was identified in the assessment/ incorporate Supportive Counseling –using Motivational Interviewing / and provide education to PJ pertaining to the dangers of mixing alcohol and opiates; how alcohol metabolizes differently with age, education on what a standard drink is, stress management, social changes, etc. , Grief support (woman is grieving from lack of being able to join her friends for tennis)

# PJ and The Welllderly Program-Next Steps



A meeting held with PJ and her support system to determine next steps (next step options- continue with Welllderly should their be items on service plan not addressed, take advantage of other supportive programs in that The Council has if service plan is complete- ex. Recovery Support Services), or assess if PJ needs more intense services – such as intensive outpatient treatment (IOP)

# Family Centered Supports

The Wellderly Program can also provide:

1. PJ's family with ways to support her and behaviors to be on the lookout for
2. PJ's family with HOPE and the possibility of change
3. Evidence based education on alcohol use and older adults
4. PJ's family with information on the cycle of change as it pertains to alcohol use- stages of change
5. Information pertaining to Al-Anon

# Recovery Support Services

- The Wellderly Program will continue to work with PJ until all the goals on her service plan are complete.
- The Wellderly Program will offer Recovery Support Services to PJ prior to her transitioning out of the program
- Recovery Support is a year long support system in which the recovery support coach/staff utilize their knowledge, strength, and commitment gained from their own experiences. Together, PJ and a coach set meaningful and attainable goals for recovery. These include emotional, intellectual, occupational, physical, social and spiritual goals.
- Recovery Support offers consistent encouragement, hope, motivation, resources, respect, and support for each individual's journey.

# Recommendations for PJ—Harris County Area Agency on Aging

- **PJ and her daughter could get assistance from HCAAA in the following ways:**
  - Advanced Care Planning
  - Prescription assistance
  - Community caregiver supports in the caregiver's and PJ's communities
  - How to pay for long-term services and supports if and when needed
  - Plan for ongoing medication management
  - Strategies to reduce social isolation
  - Since there is mild cognitive impairment, discuss memory care planning and long-term care options

# Recommendations for PJ—Council on Recovery

**PJ and her daughter could get assistance from The Welllderly Program via The Council on Recovery in the following ways:**

- Alcohol Screening and Comprehensive Assessment
- Goal Setting
- Individual Supportive Counseling
- Family Supportive Counseling (PJ and daughter)
- Brief Intervention (education-coping skills, etc.)
- Medication Management Review and Assessment
- Access to Support Groups (Grief Support, Recovery Support Services, Al-Anon, etc)
- Access/Referral to Community Resources to address social isolation, cognitive impairment,

# Social Supports- Reference-Resources

The Council on Recovery

713-942-4100

- [www.councilonrecovery.org](http://www.councilonrecovery.org)

OSAR

- <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral>

# In Partnership...



# How to Access Services at The Council on Recovery

## Contact Information:

713-942-4100

[www.councilonrecovery.org](http://www.councilonrecovery.org)

# Pain Management and Opioid Use in Older Adults

- Thank you for joining us today for this educational activity, which deals with Pain Management and Opioid Use in Older Adults. We understand that your time is valuable, and appreciate your commitment to providing age friendly care for older adults.
- We welcome your feedback in our continuing effort to improve our content. Please see the content description for further information on the course, a link to our course evaluation, and information on how to claim Continuing Education credit for this activity after the course evaluation is complete